

HICAP BUDGET SUMMARY

BUDGET PERIOD:		[] ORIGINAL [] AMENDMENT NO.:			CONTRACT NO.:		DATE:	PSA NO.:
COST CATEGORY	Col (a)	Col (b)	Col (c)	Col (d)	Col (e)	Col (f)	Col (g)	
	STATE AND FEDERAL (SHIP) FUNDS ONLY				OTHER FUNDING		TOTAL	
	AAA Admin	Direct Service	Contracted Service	TOTAL Columns (a,b,c)	Program Income	Other Funding	TOTAL All Funds Columns (d,e,f)	
AAA ADMINISTRATION								
Personnel				0			0	
Operating Expenses				0			0	
Indirect Admin				0			0	
TOTAL ADMINISTRATION	0			0		0	0	
HICAP PROGRAM								
HICAP Reimbursements				0			0	
HICAP Fund				0			0	
HICAP General SHIP Funds				0			0	
HICAP MMA Supplemental SHIP Funds				0			0	
TOTAL HICAP PROGRAM		0	0	0	0	0	0	
TOTAL BUDGET								
	0	0	0	0	0	0	0	
FOR STATE USE ONLY								
Fiscal Specialist Approval		Date	Team Coach Verification				Date	

HICAP Legal Representation Services are provided [W&I Code, Section 9541 (c) (3)] [] Yes Amount Budgeted:\$ _____

AAA ADMINISTRATION BUDGET NARRATIVE

BUDGET PERIOD:	[] ORIGINAL [] AMENDMENT NO.:	CONTRACT NO.:	DATE:	PSA NO.:
PERSONNEL		(a)	(b)	(c)
Position Classification:		Annual Wage Rate	% of Time Devoted	TOTAL
TOTAL SALARIES & WAGES				0
STAFF BENEFITS				
TOTAL PERSONNEL				0
OPERATING EXPENSES			Rate per Square Ft.	TOTAL
Annual Rent				
Equipment (List):	Quantity	Unit Price		
Travel:				
Other Operating Expenses (List):				
TOTAL OPERATING EXPENSES				0
INDIRECT ADMIN				
TOTAL ADMINISTRATION				0

HICAP DIRECT SERVICES BUDGET NARRATIVE*

BUDGET PERIOD:	[] ORIGINAL [] AMENDMENT NO.:	CONTRACT NO.:	DATE:	PSA NO.:
PERSONNEL		(a)	(b)	(c)
Position Classification:		Annual Wage Rate	% of Time Devoted	TOTAL
TOTAL SALARIES & WAGES				0
STAFF BENEFITS				
TOTAL PERSONNEL				0
OPERATING EXPENSES			Rate per Square Ft.	TOTAL
Annual Rent:				
Equipment (List):	Quantity	Unit Price		
Travel:				
Other Operating Expenses (List):				
TOTAL OPERATING EXPENSES			0	
INDIRECT COSTS				
TOTAL DIRECT SERVICES			0	

* - Budget Direct expenses from all funding sources, including MMA Supplemental funds.

HICAP CONTRACTED SERVICES SCHEDULE*

BUDGET PERIOD:	[] ORIGINAL [] AMENDMENT NO.:		CONTRACT NO.:			DATE:	PSA NO.:
Contractors	(a) HICAP Reimbursements	(b) HICAP Fund	(c) HICAP Federal General SHIP	(d) HICAP Federal MMA Supplemental	(e) Program Income	(f) Other Funding	(g) TOTAL CONTRACTED SERVICES
Name:							0
Address:							
Telephone:							
Contact Person:							
Name:							0
Address:							
Telephone:							
Contact Person:							
Name:							0
Address:							
Telephone:							
Contact Person:							
Name:							0
Address:							
Telephone:							
Contact Person:							
TOTAL HICAP CONTRACTED SERVICES	0	0	0	0	0	0	0

* - Budget Contracted expenses from all funding sources, including MMA Supplemental funds.

HICAP MEDICARE MODERNIZATION ACT (MMA) SCHEDULE*

BUDGET PERIOD:	[] ORIGINAL [] AMENDMENT NO.:	CONTRACT NO.:	DATE:	PSA NO.:
COST CATEGORIES	(a) Direct MMA Costs	(b) Contracted MMA Costs	(c) TOTAL MMA COSTS	
PERSONNEL				
Salaries & Wages				0
Staff Benefits				0
TOTAL PERSONNEL COSTS	0	0		0
OPERATING EXPENSES				
Rent				0
Equipment:				
Purchases/Maintenance				0
Computers (include Notebooks)				0
Travel:				
Training				0
Non-Training				0
Other Operating Expenses				
Training:				
Registration Fees				0
Materials/Printing				0
Printing/Non-Training				0
Utilities				0
Postage				0
Supplies				0
General Expense/Insurance/Accounting Services				0
Communications				0
Advertising/Promotions				0
Internet Access				0
Consultants				0
Volunteer Recognition				0
InfoVan Operation Costs				0
MIS Database & Software License Fees				0
Other:				0
TOTAL OPERATING EXPENSES	0	0		0
INDIRECT COSTS				0
TOTAL MMA COSTS	0	0		0

* - Budget Direct and Contracted expenses from MMA funds only. This is not a separate budget page for MMA. Include these expenses on Page 1, 2, 3, & 4 also.